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Technology Center 2600

<b>FEE TRANSMITTAL</b>	Docket No.	6000-011-52 (IN 105)	
	Serial No.	09/750.530	
	Filing Date	December 28, 2000	
	Inventor(s)	Denis KHOO, et al.	
	Group Art Unit	2611	
TOTAL AMOUNT OF PAYMENT	\$760.00	Examiner	Jason P. Salce

1. <input checked="" type="checkbox"/> Applicant claims small entity status. <input checked="" type="checkbox"/> Charge any <b>UNDERPAYMENT</b> or credit any <b>OVERPAYMENT</b> in the indicated fees to Deposit Account No. 50-3266 <input type="checkbox"/> Charge the indicated fees to Deposit Account No. 50-3266.										<b>FEE CALCULATION (continued)</b>				
2. <input checked="" type="checkbox"/> Check enclosed.										<b>3. ADDITIONAL FEES</b>				
					Large Entity		Small Entity		Fee Description					
					Fee Code	Fee (\$)	Fee Code	Fee (\$)			Fee Paid			
<b>FEE CALCULATION</b>					1051	130	2051	65	Surcharge-late filing fee or oath					
<b>1. BASIC FILING FEE</b>					1052	50	2052	25	Surcharge-late provisional filing fee or cover sheet					
Large Entity		Small Entity		Fee Description		1053	130	1053	130	Non-English Specification				
Fee Code	Fee (\$)	Fee Code	Fee (\$)			Fee Code	Fee (\$)			Fee Paid				
1001	770	2001	385	Utility filing fee		1251	110	2251	55	1-mo. ext. of time				
1002	340	2002	170	Design filing fee		1252	420	2252	210	2-mo. ext. of time				
1003	520	2003	260	Plant filing fee		1253	950	2253	475	3-mo. ext. of time 490.00				
1004	7700	2004	385	Reissue filing fee		1254	1480	2254	740	4-mo. ext. of time				
1005	160	2005	80	Provisional filing fee		1255	2010	2255	1005	5-mo. ext. of time				
<b>SUBTOTAL (1)</b>					\$0.00		1401	330	2401	165	Notice of Appeal			
<b>2. EXTRA CLAIM FEES</b>					1402	330	2402	165	Appeal Brief					
tot. claims 75 - 65 = 10 x \$9 = 90.00					1403	290	2403	145	Request for Oral Hearing					
ind. claims 6 - 9 = 0 x \$43 = 0					1501	1330	2501	665	Utility/Reissue Issue Fee					
<input type="checkbox"/> Multiple Dependent Claims \$145 =					1502	480	2502	240	Design Issue Fee					
Large Entity		Small Entity		Fee Description		1504	300	1504	300	Publication Fee				
Fee Code	Fee (\$)	Fee Code	Fee (\$)			8001	3	8001	3	Advance Copy of Patent				
1202	18	2202	9	Claims in excess of 20		1460	130	1460	130	Petitions to the Commissioner				
1201	86	2201	43	Independent claims in excess of 3		1806	180	1806	180	IDS Submission 180.00				
1203	290	2203	145	Multiple dependent claim, if not paid		8021	40	8021	40	Assignment recordation				
1204	84	2204	43	*Reissue independent claims over original patent		1801	770	2801	385	For Filing RCE				
1205	18	2205	9	*Reissue claims in excess of 20 and over original patent		1814	110	2814	55	Terminal Disclaimer*				
<b>SUBTOTAL (2)</b>					\$90.00		OTHER (indicate below):							
* or number previously paid, if greater; For Reissues, see above							<b>SUBTOTAL (3)</b> \$670.00							

Name	Dale S. Lazar	Registration No.	28,872
Signature		Date	Telephone 703-773-4149
Name		Registration No.	

**AMENDMENT TRANSMITTAL LETTER (Small Entity)**

Applicant(s):

Docket No.

6000-011-52 (IN 105)

Serial No.

09/750,530

Filing Date

December 28, 2000

Examiner

Jason P. Salce

Group Art Unit

2611

Invention:

**METHOD AND SYSTEM FOR PROVIDING A REWARD FOR PLAYING CONTENT RECEIVED OVER A NETWORK****RECEIVED**

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TO THE COMMISSIONER FOR PATENTS:

Transmitted herewith is an amendment in the above-identified application.

☒ Small Entity status of this application has been established under 37 CFR 1.27 by a verified statement previously submitted.☐ A verified statement to establish Small Entity status under 37 CFR 1.27 is enclosed.

The fee has been calculated and is transmitted as shown below.

**CLAIMS AS AMENDED**

	CLAIMS REMAINING AFTER AMENDMENT	HIGHEST # PREV. PAID FOR	NUMBER EXTRA CLAIMS PRESENT	RATE	ADDITIONAL FEE
TOTAL CLAIMS	75 -	65 =	10 x	\$9.00	\$90.00
INDEP. CLAIMS	6 -	9 =	0 x	\$44.00	\$0.00
Multiple Dependent Claims (check if applicable) <input type="checkbox"/>					\$0.00
TOTAL ADDITIONAL FEE FOR THIS AMENDMENT					\$90.00

☐ No additional fee is required for amendment.☐ Please charge Deposit Account No. \_\_\_\_\_ in the amount of \_\_\_\_\_☒ A check in the amount of \_\_\_\_\_ to cover the filing fee is enclosed.☒ The Director is hereby authorized to charge payment of the following fees associated with this communication or credit any overpayment to Deposit Account No. **50-3266**☒ Any additional filing fees required under 37 C.F.R. 1.16.☐ Any patent application processing fees under 37 CFR 1.17.  
Signature

Dated: November 5, 2004

Dale S. Lazar  
Reg. No. 28,872

I certify that this document and fee is being deposited on \_\_\_\_\_ with the U.S. Postal Service as first class mail under 37 C.F.R. 1.8 and is addressed to the for Patents, P.O. Box 1450, Alexandria, VA 22313-1450.

11/08/2004 SZEWDIE1 00000013 09750530

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Signature of Person Mailing Correspondence

Typed or Printed Name of Person Mailing Correspondence

CC: